



OVERVIEW: LEGISLATIVE INTERIM COMMITTEE REVIEW OF HEALTH INSURANCE MANDATES

The following overviews requirements of Utah Code Ann. § 36-12-5(2) for the review of health insurance mandates. This is not a comprehensive analysis of the review process. For further information, please contact the Office of Legislative Research and General Counsel.

Key Terminology

Health insurance mandate: a mandatory obligation with respect to coverage, benefits, or providers that, but for Title 31A, Insurance Code, would not be required for a health insurance policy.

Review committee: Business and Labor Interim Committee or Health and Human Services Interim Committee.

Basic Process

A review committee is to annually:

- identify health insurance mandates that as of May 1:
 - are in effect for five or more years
 - have not been reviewed during the previous ten years
- select which of the health insurance mandate(s) to review, subject to the direction of the Legislative Management Committee
- review the selected health insurance mandate(s).

Purpose of Review

The purpose of a review is to determine whether a health insurance mandate should be continued, modified, or repealed.

Scope of Review

A review shall include:

- the estimated fiscal impact of the health insurance mandate on state and private health insurance
- the purpose and effectiveness of the health insurance mandate.

Role of the Insurance Department

The Insurance Department shall:

- provide in its annual report a list of the health insurance mandates
- assist in a review if requested by a review committee.

Past Reviews

Reviews previously conducted by the Health and Human Services Committee include:

- Diabetes related coverage (Reviewed 2003)
- Minimum adoption indemnity coverage (Reviewed 2003)
- Catastrophic coverage of mental health conditions (Reviewed 2004).

Reviews begun, but not completed, include:

- Dependent coverage to age 26
- Dietary products for inborn metabolic errors.

Recent Legislative Changes to Process

During the 2008 General Session, the Legislature passed H.B. 60, Legislative Review of Health Insurance Mandates, which updated the review process. The Business and Labor Interim Committee recommended this bill.

Statutory Language

Utah Code Ann. § 36-12-5(2) provides:

"(2) (a) As used in this Subsection (2):

(i) "Health insurance" is as defined in Section 31A-1-301.

(ii) "Health insurance mandate" means a mandatory obligation with respect to a coverage, benefit, or provider that, but for Title 31A, Insurance Code, would not be required for a policy of health insurance.

(iii) "Review committee" means:

(A) the Business and Labor Interim Committee; and

(B) the Health and Human Services Interim Committee.

(b) In addition to the duties established pursuant to Subsection (1), annually each review committee shall:

(i) identify the one or more health insurance mandates listed under Subsection (2)(d) that:

(A) are in effect for five or more years as of May 1; and

(B) have not been reviewed during the previous ten years as of May 1;

(ii) select which of the one or more health insurance mandates identified under Subsection (2)(b)(i) that the review committee elects to review, subject to the direction of the Legislative Management Committee; and

(iii) review a health insurance mandate selected under Subsection (2)(b)(ii) to determine whether the health insurance mandate should be continued, modified, or repealed.

(c) The review under this Subsection (2) shall include:

(i) the estimated fiscal impact of the health insurance mandate on state and private health insurance; and

(ii) the purpose and effectiveness of the health insurance mandate.

(d) The Insurance Department shall:

(i) provide a list of the health insurance mandates in this state in its annual report; and

(ii) assist in a review if requested by a review committee."